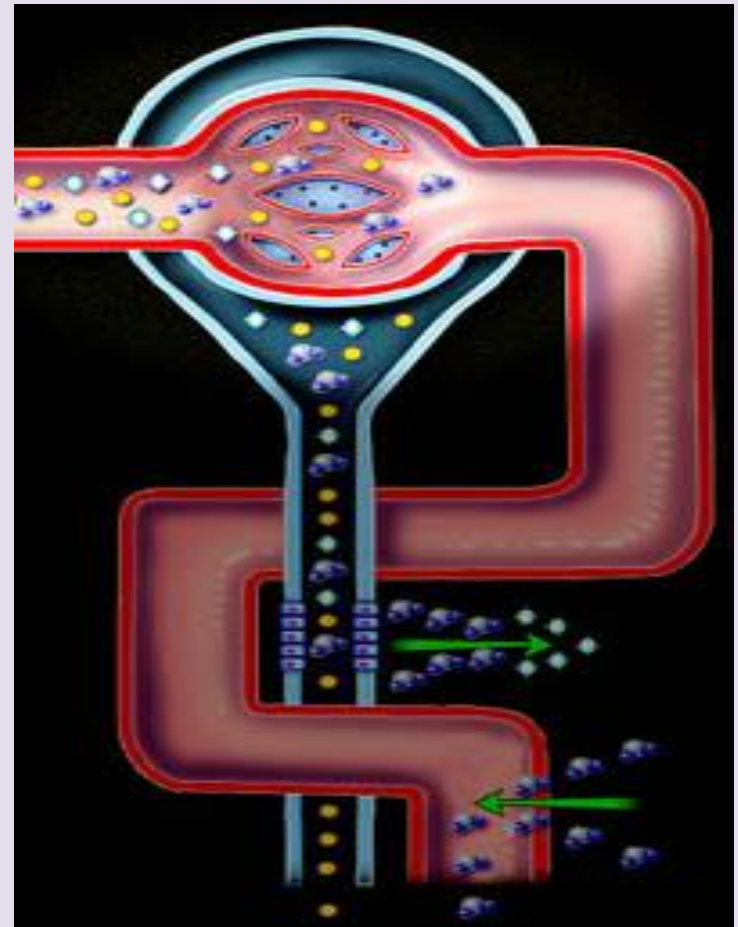


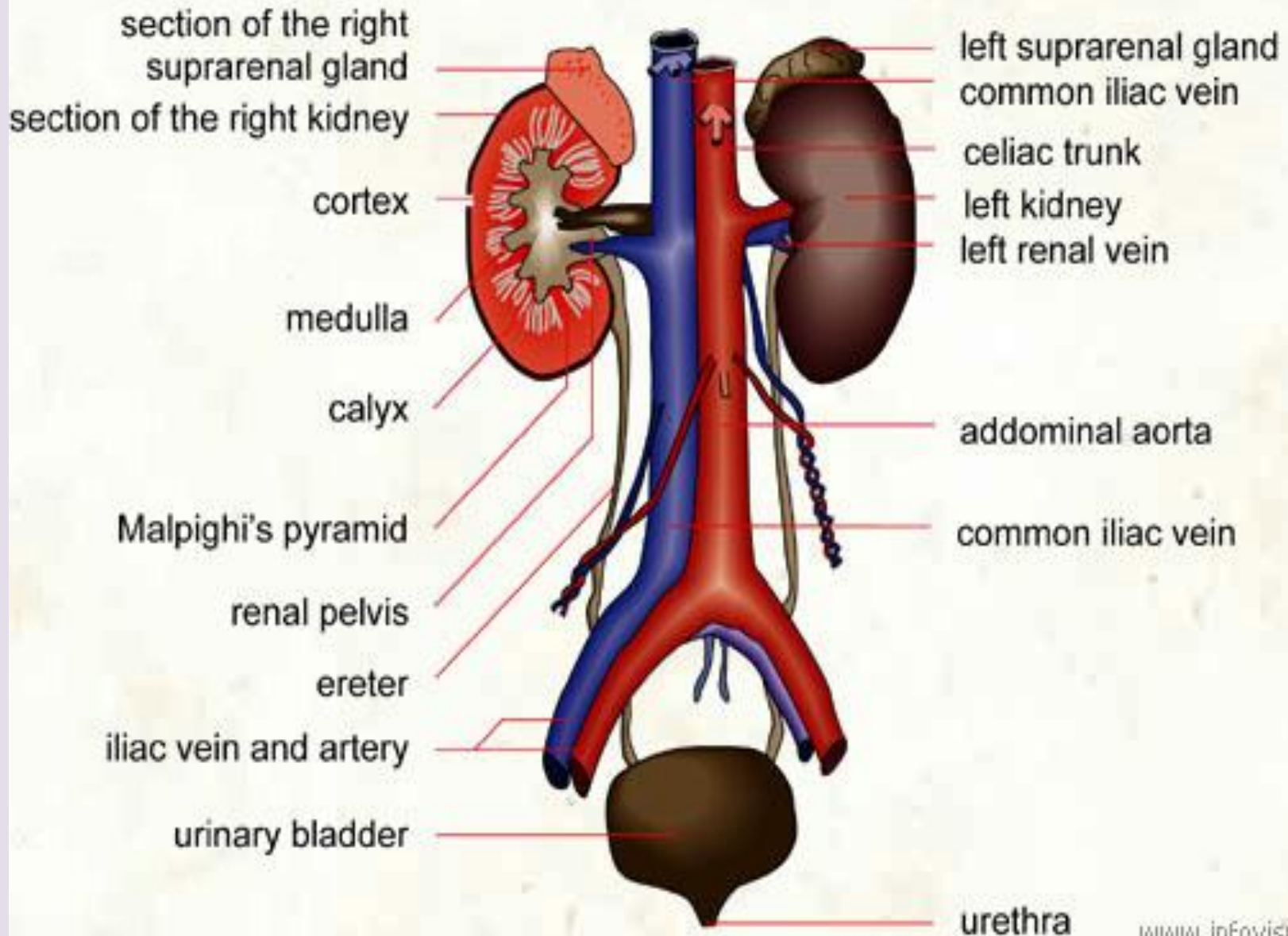
URINARY ELIMINATION



URINARY ELIMINATION

- ❑ Elimination patterns are essential to maintain health. The urinary system filters and excretes urine from the body, thus maintaining fluid, electrolyte and acid-based balance also eliminates body waste.
- ❑ Normal bowel function provides regular elimination of solid wastes. During illness, the patient experience alterations in elimination patterns.
- ❑ The role of the nurse is to identify problems, carry out proper assessment and intervene to assist patients with maintaining proper elimination patterns.

URINARY SYSTEM



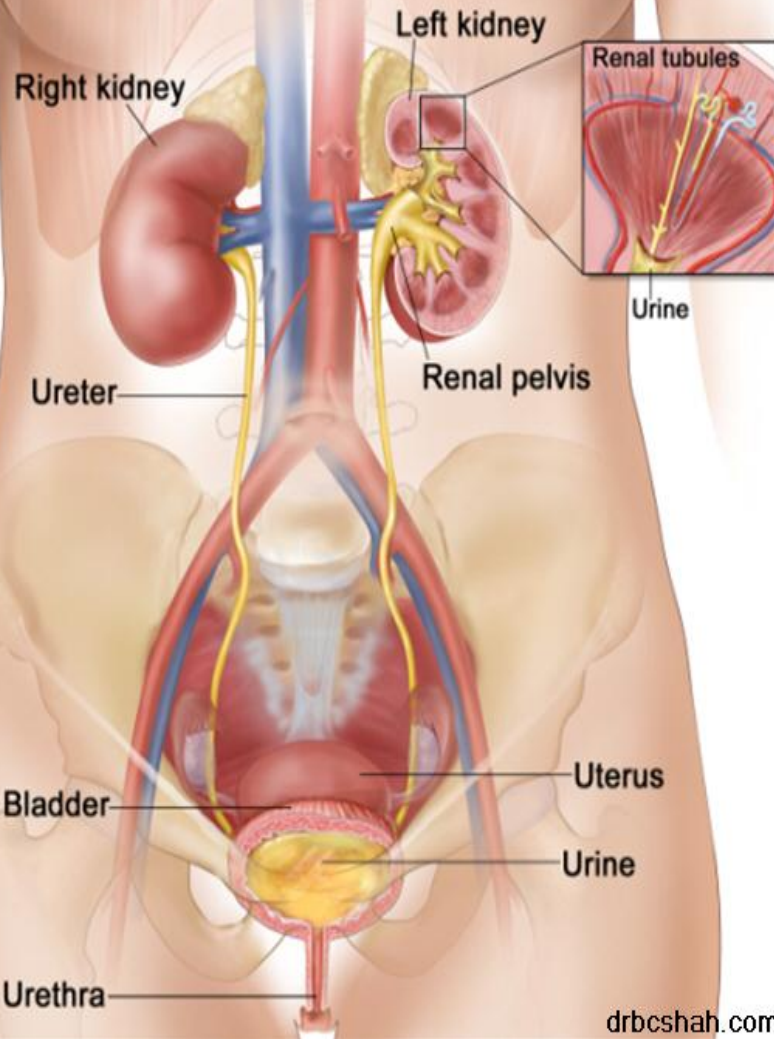
PHYSIOLOGY OF ELIMINATION

- ❑ The urine system is composed of the kidneys, ureters, bladder and urethra.
- ❖ The kidneys **forms** urine
- ❖ The ureters **carry** urine to the bladder
- ❖ The bladder acts as a **reservoir** for the urine
- ❖ The urethra is the **passage way** for urine to **exit** the body

PHYSIOLOGY OF ELIMINATION

- ❑ The gastrointestinal tract is composed of the stomach, small intestines, large intestine and rectum.
- ❖ The small intestine **absorbs nutrients**
- ❖ The large intestines **absorb fluids** and the **remaining nutrients**
- ❖ The distal portion of the large intestine **collects and stores** solid waste until elimination occurs

THE URINARY TRACT

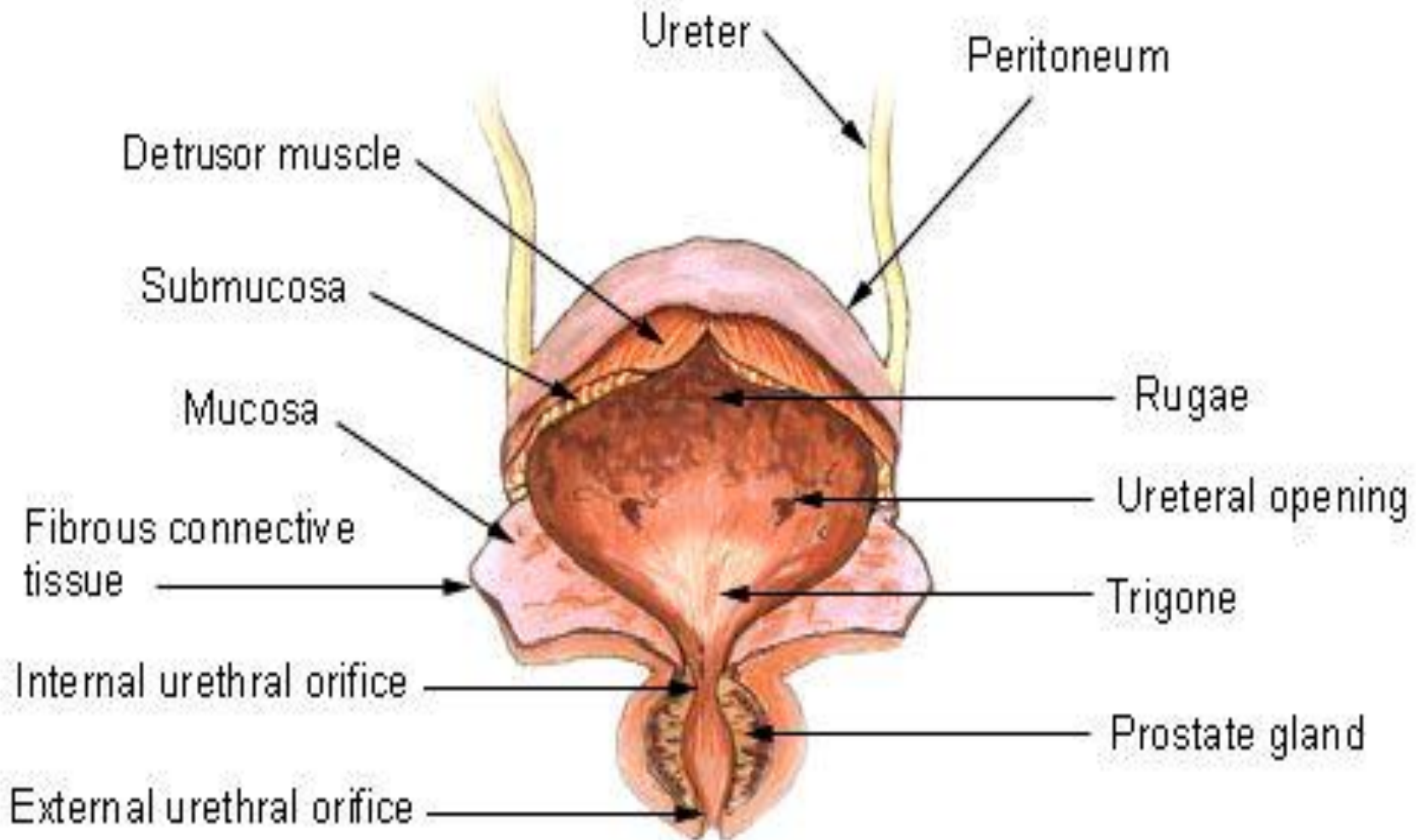


The urinary system is divide into the upper and lower tracts.

- **The upper urinary tract:**
kidneys, Renal pelves and Ureters
- **The lower urinary tract :**
Bladder, Urethra and Pelvic muscles

THE BLADDER

Urinary Bladder



MICTURATION

- The **detrusor muscle**, the smooth muscle of the bladder.
- It allows the continent adult to postpone urination until a “socially appropriate” time and location.
- Specific areas of the brain (frontal lobes), spinal cord and peripheral nervous system modulate the reflex activity of the detrusor muscle.
- Near the base of the brain, a **micturation** center has two groups of neurons that mark the origin of urination (micturation).
- In infant urination is controlled entirely by the micturation center.
- In adult, the micturation center is controlled by the multiple centers of the brain. Urination usually occurs when the individual wishes to empty the bladder.

- The **urethra, bladder, ureters, and kidney pelvis** are lined with a continuous layer of mucous membrane. Because there is continuity of the lining, bacteria introduced into the normally sterile system can spread throughout the urinary tract.
- When the bladder is empty, its lining falls into folds that provide pockets where bacteria can multiply. Since the membrane is highly vascular, bacteria can easily enter the bloodstream and septicemia can result.

PHYSICAL CHARACTERISTICS OF URINE



PHYSICAL CHARACTERISTICS OF URINE

❑ Urine characteristics

❖ Colour

❖ Acidity

❖ Smell

❖ Density (specific gravity)



❑ Contents:

❖ Water

❖ **Chemicals**:- Urea- Na^+ , K^+ - Phosphate, sulfate ions- Creatinine- Uric acid- Urobilins (urochrome)

❖ **Sometimes**:- Glucose- Albumin (plasma protein)- Ketones- Hemoglobin- RBCs- Bilrubin- Nitrites- WBCs- Casts

PHYSICAL CHARACTERISTICS OF URINE

- ❑ **Colour** : yellow -amber but varies according to recent diet and the concentration of the urine. Drinking more water generally tends to reduce the concentration of urine. Resulting in a lighter colour
- ❑ **Smell** :(odour)of urine may provide health information.e.g. urine of diabetics may have a sweet or fruity (odour due to the presence of ketones. Generally fresh urine has a mild smell but an aged person urine may have a stronger odour, similar to ammonia.

PHYSICAL CHARACTERISTICS OF URINE

❑ **Acidity:** pH is a measure of acidity(or alkalinity)of a solution. The pH is a substance (solution)usually represented as a number in the range 0(strong acid)to 14 strong alkali also know as base. Pure water is neutral. It has the ph. of 7 .

The ph. of urine is normally in the range of 6-8 average being around 6.

❑ **Density :** known as specific gravity. Urine is mostly water. Its density is expected to be close to be slightly greater than 1.0 .The density of normal urine is in the range of 0.001 to 0.0035

WHAT IS CONTAINED IN NORMAL URINE

- Approx 96% of the volume of normal urine is due to water
- The other 5% consists of SOLUTES (chemicals that are dissolved in the water)
- Some solutes are the results of normal biochemical activity within the cells of the body. Other solutes are chemical from outside the body such as pharmaceutical drugs.

WHAT IS CONTAINED IN NORMAL URINE

❑ These solutes can be divide into 2 categories

1.Organic molecules:

- Urea(an organic carbon based)
- Creatinine(normal healthy constituent of blood, results mainly of the breakdown of Creatinine phosphate in the muscle tissue)
- Uric acid : is an organic (carbon based, compound)
- Other substances /molecules:(small amount carbohydrates,enzymes,fatty acids, hormones ,pigments)

2.Ions: sodium Na^+ , potassium K^+ , Magnesium mg^{2+} , ammonium NH_4^+ , sulphates SO_4 , phosphates

COMPOSITION OF NORMAL URINE

❑ Urine is mainly composed of water, urea and sodium chloride

➤ **Water:** Near about 96%

➤ **Solids:** About 4% (urea 2% and other metabolic products 2%. Other metabolic products include: uric acid, Creatinine, electrolytes or salts such as sodium chloride, potassium chloride and bicarbonate).

➤ **Urea** is one of the end products of protein metabolism. It is prepared from the **deaminated amino-acid** in the liver. About 30 gram urea is excreted by the kidneys daily.

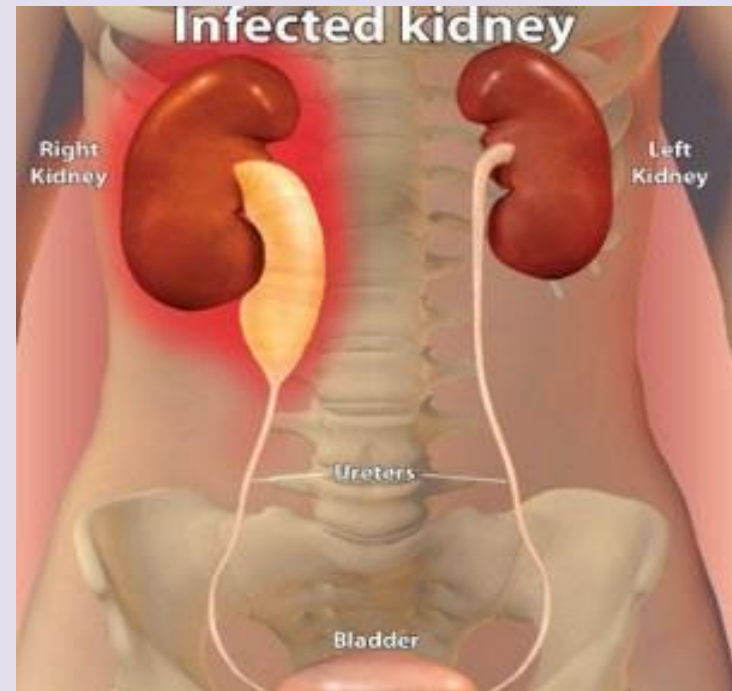
COMPOSITION OF NORMAL URINE

- **Uric Acid:** The normal level of uric acid in blood is 2 to 6 mg/dl and about 1.5 to 2 gram is excreted daily in urine.
- **Creatinine:** Creatinine is the metabolic waste of creatin in muscle. Purine bodies, oxalates, phosphates, sulphates and urates are the other metabolic products.
- **Electrolytes or salts** such as sodium chloride and potassium chloride are also excreted in the urine to maintain the normal level in blood. These are the salts which are the part of our daily diet and are always taken in excess and need to be excreted to maintain normal **physiological balance**.



FACTORS AFFECTING VOIDING

- ☐ Disease conditions
- ☐ Sociocultural factors
- ☐ Psychological factors
- ☐ Muscle tone
- ☐ Fluid balance
- ☐ Surgical procedures
- ☐ Medications
- ☐ Diagnostic examinations



ALTERATIONS IN URINARY ELIMINATION

- ❑ Alterations in urinary elimination can result from changes in the intake and output of fluids, obstructions to the flow of urine, changes in the secretion of antidiuretic hormone (ADH), and changes in blood volume or blood pressure.



❖ FLUID BALANCE

- ❑ The average person takes in approximately 2600 ml of fluid each day: 1200 ml from drinking, 1100 ml from the water content of food, and 300 ml from metabolism. An increase or decrease in fluid intake results in a parallel increase or decrease in urine output.
- ❑ Healthy individuals rarely experience decreases in urine output because they take in more fluids whenever they are thirsty. Individuals who are ill, however, may experience decreases in urine output because they are unable to respond to thirst.

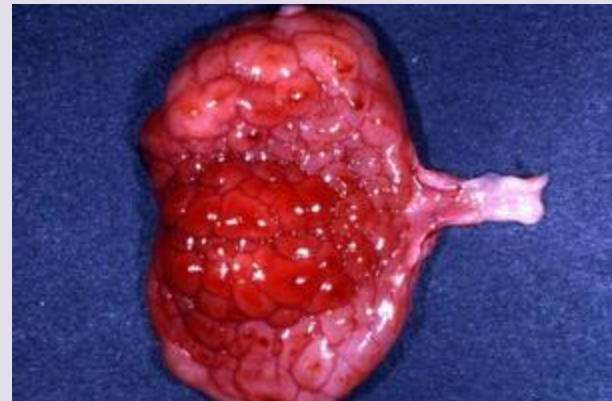
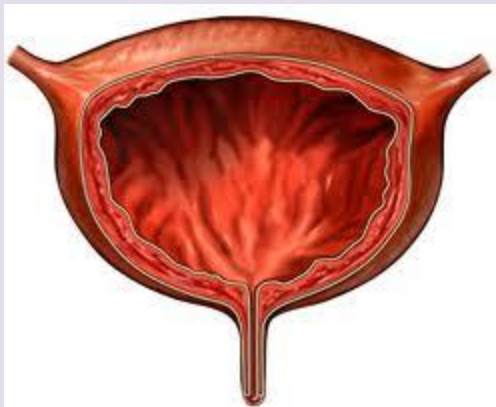
❑ Fluid is lost from the body not only through urine but also through respiration, perspiration, and faeces. On a daily basis, most individuals lose approximately 2400 ml of fluid:

- 1500 ml through urine output
- 200 ml through respiration
- 600 ml through perspiration
- 100 ml through the elimination of faeces.

Individuals who are ill may also lose fluids through vomiting, bleeding, wound drainage, and suctioning.

❖ DISEASE CONDITIONS

- A decrease in the output of urine may also be caused by an obstruction (tumor, clot, tissue hypertrophy) to the flow of urine from the bladder. If the obstruction is large enough, the bladder does not empty completely. Instead, it retains fluid and, over time, becomes distended. Individuals who have urinary outlet obstructions experience the need to void more frequently. When they do void, however, they eliminate only very small amounts of urine.



ALTERATIONS RELATED TO ALDOSTERONE AND ANTIDIURETIC HORMONE

- ❑ Changes in the secretion of ADH and aldosterone also alter urine output since these hormones control the amount of water that is reabsorbed in the distal renal tubules and collecting ducts.
- ❑ Common factors that increase the secretion of ADH and aldosterone and reduce urine output include the physiologic stress response to accidental or surgical trauma, pain, hemorrhage, decreased cardiac output, anesthesia, and drugs, such as morphine and barbiturates.
- ❑ Factors that reduce the secretion of ADH and thus increase urine output include alcohol, caffeine, cold, and disease states and medications such as diuretics.

ALTERATIONS RELATED TO CHANGES IN BLOOD VOLUME

- ❑ Because the production of urine is influenced by the volume of blood perfused to the kidneys, decreases in perfusion lead to reduction in the output of urine. Hemorrhage, dehydration, and shock reduce the flow of blood to the kidneys and cause decreased **glomerular filtrate**. If the volume of filtrate is reduced substantially, oliguria, or even anuria.
- ❑ Other factors that may increase or decrease urine production include pathophysiologic states of the kidneys or other body systems, drugs, treatment modalities, diet, and metabolic rate.

URINE EXAM: WHAT TO LOOK FOR

- Urine color
 - Clarity and color
 - Urine pH
 - Urine specific gravity
 - Protein, glucose, and Ketone bodies
 - Urine sediment: red and white blood cells, casts, crystals, and bacteria
- ❑ Ileal reservoirs are continent diversions that do not require the use of a collection device. The ileal reservoir is created with valves that allow it to function as a “bladder,” which is regularly emptied by client self-catheterization through the abdominal stoma.
- ❑ The “neo bladder” is created by connecting the ureters to a segment of ileum that is connected to the urethra. The client has no stoma; therefore, no collection device is required. The “bladder” is emptied by timed voiding or urethral self-catheterization.



CHARACTERISTICS OF NORMAL AND ABNORMAL URINE



URINE AMOUNT

- ❑ Normal: 1200-1500 ml
- ❑ **Abnormal:** Under 1200 ml
 - Decreased fluid intake
 - Kidney failure
- ❑ **Abnormal:** Over 1500 ml
 - Diabetes
 - Diuretics
 - Increased fluid intake

URINE COLOR

- ❑ Normal:
 - Straw, amber, or transparent

URINE COLOR

Abnormal

- Dark amber (Insufficient fluid intake resulting in concentrated urine)
- Cloudy (Infectious process)
- Dark orange (Drugs e.g., Pyridium)
- Red or dark brown (Disease process causing blood in urine)

Urine Consistency

- Normal: Clear liquid
- **Abnormal:** Mucous plugs, viscid, thick(Infectious)

Urine Odor

- Normal: Faint aromatic
- **Abnormal:** Offensive(Infectious)

Urine Sterility

- Normal: No microorganisms present
- **Abnormal:** Microorganisms present (Infection of the urinary tract)

Urine pH

- Normal: 6-8
- **Abnormal:** Over 8(UTI)
- **Abnormal:** Under 4.5
(Uncontrolled diabetes, starvation, dehydration)

Urine Specific Gravity

- Normal: 1.010 to 1.025
- **Abnormal:** Under 1.010
Diabetes insipidus, kidney disease, overhydration
- **Abnormal:** Over 1.025
Diabetes mellitus, underhydration

Urine Glucose

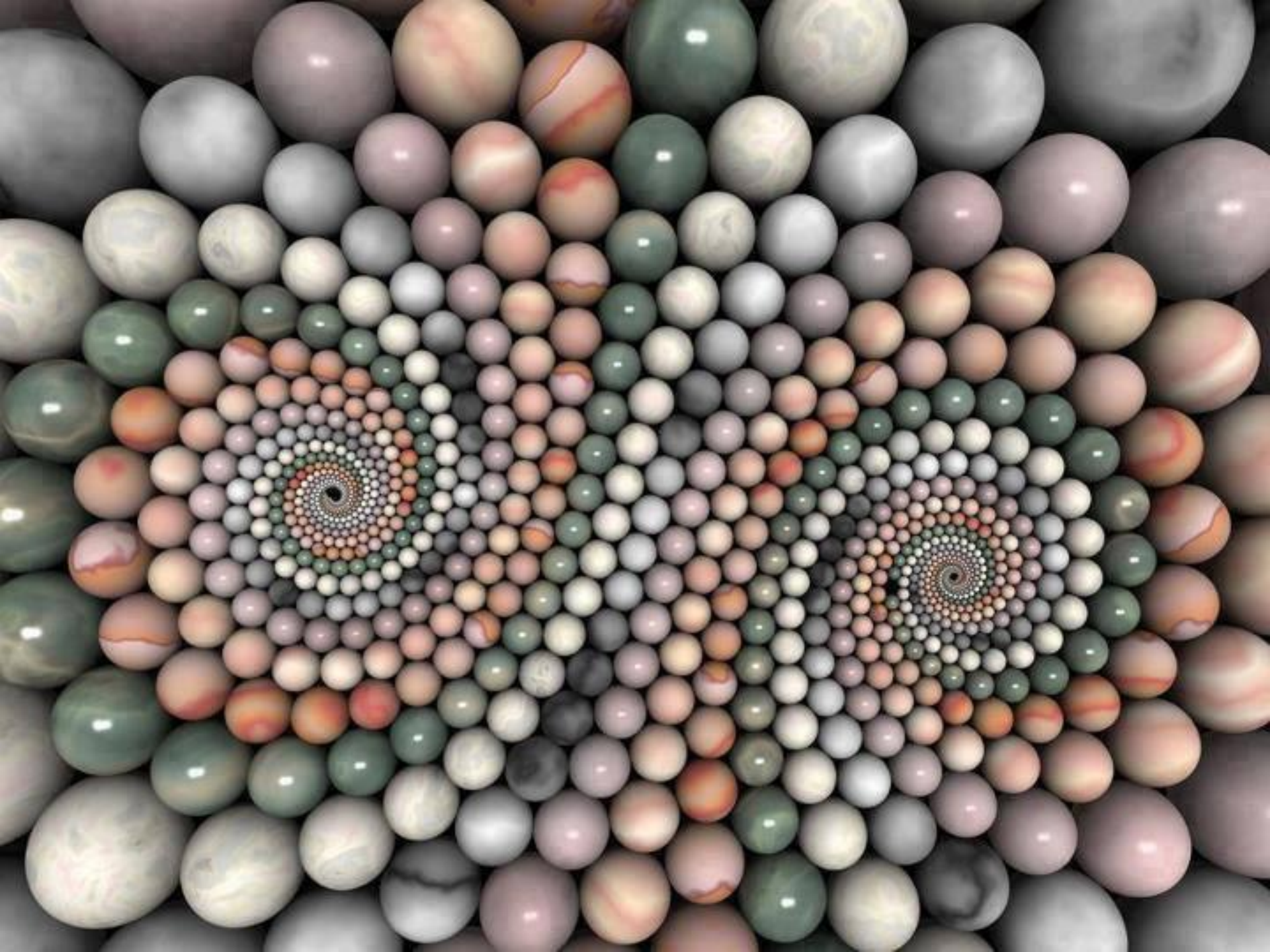
- Normal: Not present
- **Abnormal:** Present(Diabetes mellitus)

Urine Ketone Bodies (Acetone)

- Normal: Not present
- **Abnormal:** Present(Diabetic coma, starvation, prolonged vomiting)

Urine Blood

- Normal: Not present
- Abnormal: Occult(Kidney disease)
- Abnormal: Bright red(Hemorrhage)



NURSING INTERVENTIONS

- ☐ The primary purpose for performing nursing interventions associated with urinary elimination is to maintain the integrity of the urinary system which eliminates excess fluid and wastes.
- ☐ Aseptic technique is essential whenever performing procedures that could introduce bacteria into the urinary tract.
- ☐ Hand washing, using sterile gloves, and maintaining a closed urinary collection system decrease the incidence of ascending bladder contamination and subsequent urinary tract infection.
- ☐ Maintaining aseptic technique throughout dialysis procedures is necessary to prevent infection in grafts, fistulae, and catheters.

UTI

- ❑ A **Urinary Tract Infection** (also called **UTI's**) is an infection that starts in the urinary system of the body. An infection can occur in any of the parts of the urinary tract, but most infections involve the bladder and urethra (the lower urinary tract).
- ❑ While urinary tract infections are irritating and painful, there are serious problems if a urinary tract infection spreads to the kidneys, causing a condition known as "pyelonephritis."

CONT'D



- ❑ Urinary infections are the second most common type of infection in the body (accounting for over 8 million visits to health care professionals each year).
- ❑ Women, due to a shorter urethra than men, are at greater risk for developing UTI's.
- ❑ Most UTI's are treated with antibiotics.
- ❑ While the urinary tract is designed specifically to keep out bacteria and other microorganisms, occasionally bacteria is able to sneak through and cause an infection.

The two most common types of urinary tract infections are:

- **Cystitis** - an infection of the bladder often caused by the bacterium *Escherichia coli* (*E. coli*) normally found in the GI tract of the body. Sexual intercourse can lead to cystitis, but you do not have to be sexually active to develop cystitis. Women, based upon the proximity of their urethra to the anus as well as the short distance from the opening of the urethra to the urinary bladder, are more prone to cystitis.
- **Urethritis** - an infection of the urethra can occur if GI bacteria spread from the anus to the urethra.

RISK FACTORS FOR A URINARY TRACT INFECTION

- ❖ Certain people are more prone to UTI's. Risk factors for urinary tract infections include:
 - Women are more likely than men to have UTI's.
 - Women who uses birth control are more prone to UTI's.

RISK FACTORS FOR A URINARY TRACT INFECTION

- Anatomical abnormalities of the urinary tract or blockages of the urinary tract (as is the case with kidney stones) can increase the risk for development of Urinary Tract Infections.
- Catheterization - those who urinate via catheter are more prone to UTI's.
- Immunosuppression - those who are immunocompromised, meaning their immune system isn't as effective at fighting off bacteria are more prone to UTI's.
- People who have nerve damage or spinal cord injuries near the urinary bladder may have difficulties in emptying their bladder entirely - which can allow urine to sit in the urinary bladder and grow bacteria.

THE SYMPTOMS OF A URINARY TRACT INFECTION

Not all Urinary Tract Infections cause symptoms - some may be asymptomatic. If symptoms occur, they may include:

- Persistent urge to urinate without presence of urine in urinary bladder
- Burning sensation while urinating
- Excreting small but frequent amounts of urine
- Cloudy or blood-tinged urine
- Urine that smells strongly
- Women may experience pelvic pain
- Men may experience rectal pain

SPECIFIC SYMTOMS

Cystitis (Bladder Infection):

- Pressure in the pelvis
- Discomfort in the lower abdomen
- Frequent and painful excretion of urine
- Blood-tinged urine

Urethritis (Infection of the Urethra):

- Burning with urination

Pyelonephritis (Kidney Infection):

- Flank pain
- Pain in the upper back
- High fever
- Nausea and vomiting
- Shaking and chills



DIAGNOSING UTI

- **Urinalysis:** A sterile urine sample is taken and sent to the laboratory to ascertain whether there are bacteria and/or red blood cells present within the urine.
- **Urine Culture:** A urinalysis may be followed by a urine culture, in which the bacteria from the urine is grown in a laboratory to ascertain the exact bacteria that is causing the UTI.

DIAGNOSING UTI

- **CT Scan/Ultrasound:** These imaging tests may be used if a person has frequent UTI's to determine if there is an underlying anomaly in a part of the urinary tract.
- **Cystoscopy:** If a person has frequent UTI's, a long, thin tube with a lens, called a cystoscope, is inserted to visualize the structures of the urethra and bladder.

TREATING UTI

- Antibiotics are the first line of defense used to treat urinary tract infections. The precise type of antibiotic, and length of time antibiotics are taken, depend upon the specific bacteria present in the urinary tract.
- Symptoms of a UTI tend to resolve within a few days of antibiotic treatment. Complete all antibiotics as prescribed to ensure the infection is truly gone.
- For particularly severe UTI's, IV antibiotics and a hospitalization may be necessary to ensure that the UTI is eradicated.

TREATING UTI

- Alongside the antibiotic treatment, avoid drinks that may cause irritation to the bladder. These can include coffee, alcohol, caffeine, and citrus juices.
- Use a heating pad with warm - not hot - pressure on your abdomen to minimize any abdominal discomfort.
- Drink clear liquids to dilute urine and flush out the bacteria.

PREVENTING UTI

There are ways in which one can reduce the risk of urinary tract infections. These include:

- Drinking lots of clear liquids helps to both dilute the urine as well as ensure more frequent urination. This will aid in allowing harmful bacteria to be flushed out of the urinary tract before a UTI develops.
- Use the bathroom and urinate after sexual intercourse.
- Drink a large glass of water after intercourse to help flush the bacteria from the urinary tract.
- Always wipe from front to back after a bowel movement to prevent the bacteria from the rectum from spreading to the urethra.

PREVENTING UTI

- Do not use feminine products that can cause irritation. Deodorant sprays or other scented douches or powders can cause the urethra to become irritated.
- Urinate as frequently as possible to ensure the urinary bladder is emptied.
- Wear loose-fitting and cotton clothing, especially underwear. Tight fitting jeans or nylon underwear can trap moisture and allow for the growth of bacteria.
- Switch from a diaphragm to another form of birth control, if you're finding that you have increased UTI's.

COMMON ABNORMAL URINARY PATTERNS

- ❖ Urinary incontinence and urinary retention are the most common causes of altered urinary elimination patterns. Urinary incontinence is the uncontrolled loss of urine that constitutes a social or hygienic problem.

- **Acute urinary incontinence**
- **Chronic incontinence**



❑ Acute urinary incontinence

Is a transient and reversible loss of urine. May occur during an acute illness or after an injury. Common causes include UTI, atrophic vaginitis, polyuria related to diabetes, acute confusion, immobility and sedation. Medication can increase or decrease bladder or urethral sphincter tone resulting to incontinence.

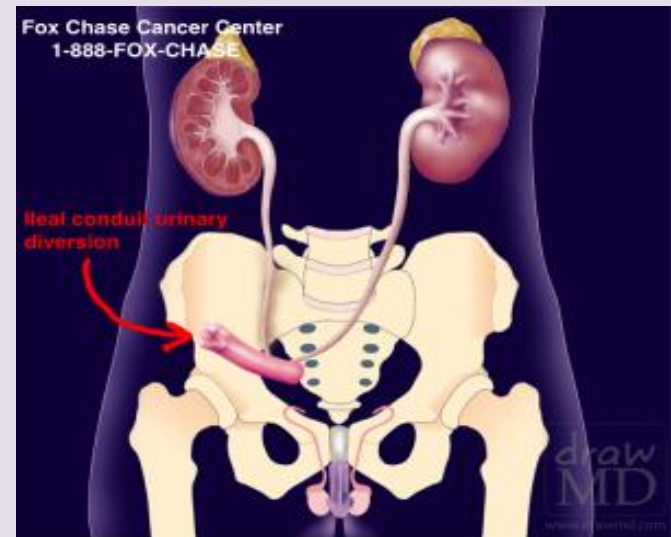
❑ Chronic urinary incontinence

There are four predominant types of chronic urine loss:

1. Stress urinary incontinence: Uncontrolled loss of urine caused by physical exertion in the absence of a detrusor muscle contraction.
2. Instability incontinence: Loss of urine caused by a premature or hyperactive contraction of the detrusor. The unstable detrusor contractions initially caused a precipitous desire to urinate resulting in urinary leakage.

3. Functional incontinence: Loss of urine caused by altered mobility, dexterity, access to the toilet or changes in mentation.

4. Extra urethral incontinence; The uncontrolled loss of urine that exists when the sphincter mechanism has been bypassed. Also known as total incontinence, this term is also applied to SUU.



URINARY RETENTION

Retention is caused by two conditions

❖BLADDER OUTLET OBSTRUCTION	❖DEFICIENT DETRUSOR CONTRACTION STRENGTH
Prostatic enlargement: benign prostatic hyperplasia, prostate cancer, prostatitis	Feecal impaction, acute immobility
Bladder neck dyssynergia(smooth muscle of the sphincter)	Side effects of drugs (antidepressants)
Detrusor sphincter dyssynergia	Herpes zoster of sacral dermatomes
Urethral stricture	Lesions of sacral spine
Urethral tumour	Diabetes mellitus(late stages)
	poliomyelitis
	Cauda equina syndrome

ALTERNATIVE DEVICES FOR URINARY ELIMINATION

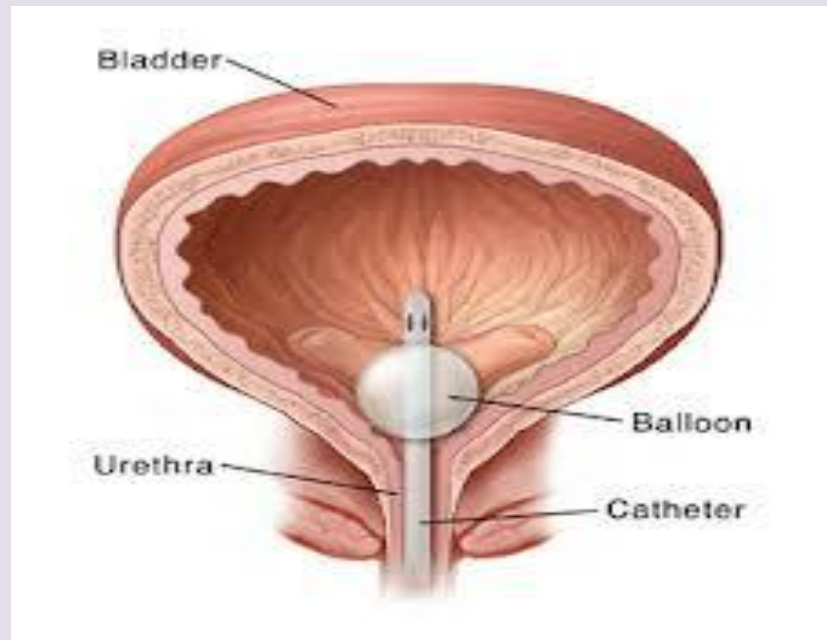
- ☐ Urinary catheters
- ☐ Suprapubic catheters
- ☐ Condom catheter for urine collection
- ☐ Pouch for urine collection



URINARY CATHETER

❑ **Foley catheters**

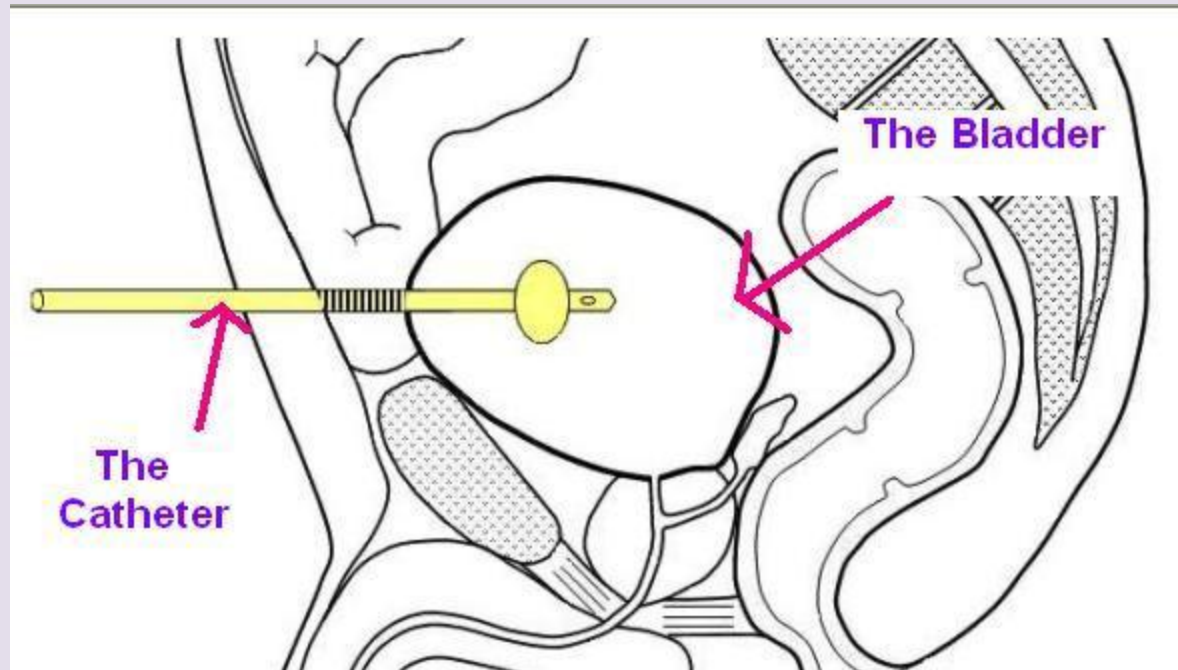
- “ a catheter is a hollow tube that is used to remove fluid from or instill fluid into, a body cavity or viscus”(Pomfret 1996,)
- Urinary catheterization is the insertion of a specially designed tube into the bladder using aseptic technique, for the purpose of draining urine, the removal of clot/debris
- Long term and short term catheters. Latex or silicon catheters



SUPRAPUBIC CATHETERS

- The insertion of a catheter through the anterior abdominal wall into the dome of the bladder. The procedure is carried out under general or local anesthesia, using a percutaneous system (Kirkwood 1999).
- There is a reduction of UTI compared to urethral catheters. The bacteria counts on the abdominal skin is less than around the perineal areas, encrustation still occurs in some patients (Win 1998, Simpson 2001).





PENILE SHEATH(CONVEENS)

- External devices applied over the penis that direct urine into a urinary drainage bag from where it can be conveniently emptied. Usually used to manage urinary incontinence
- To be used when other methods of promotion and treatment of incontinence has failed.(Pomfret 2003)





Get the facts.
And the help you need.

☐ Infection control and hygiene

- Asepsis
- Client education
- Catheterization and other procedures

☐ Psychosocial considerations

- Self -concept
- Culture
- gender

URINE SPECIMEN COLLECTION

- ❖ A vast assortment of collection and transport containers for urine specimens are available. Determining which urine collection method and container should be used depends on the type of laboratory test ordered.

- ❑ Laboratory urine specimens are classified by the type of collection conducted or by the collection procedure used to obtain the specimen.



TYPES OF URINE SPECIMEN COLLECTION

- Random Specimen This specimen is usually submitted for urinalysis and microscopic analysis, although it is not the specimen of choice for either of these tests.
- First Morning Specimen This is the specimen of choice for urinalysis and the urine is generally more concentrated (due to the length of time the urine is allowed to remain in the bladder) therefore, contains relatively higher levels of cellular elements and analytes such as protein .

TYPES OF URINE SPECIMEN COLLECTION

- ❑ Midstream Clean Catch Specimen This is the preferred type of specimen for culture and sensitivity testing because of the reduced incidence of cellular and microbial contamination. Patients are required to first cleanse the urethral area with a castile soap towelette.
- ❑ The patient should then void the first portion of the urine stream into the toilet. These first steps significantly reduce the opportunities for contaminants to enter into the urine stream.
- ❑ The urine midstream is then collected into a clean container (any excess urine should be voided into the toilet). This method of collection can be conducted at any time of day or night.

TYPES OF URINE SPECIMEN COLLECTION

- ❑ Suprapubic Aspiration Specimen This method is used when a bedridden patient cannot be catheterized or a sterile specimen is required. The urine specimen is collected by needle aspiration through the abdominal wall into the bladder.
- ❑ Pediatric Specimen For infants and small children, a special urine collection bag is adhered to the skin surrounding the urethral area. Once the collection is completed, the urine is poured into a collection cup or transferred directly into an evacuated tube with a transfer straw. Urine collected from a diaper is not recommended for laboratory testing since contamination from the diaper material may affect test results.

TYPES OF URINE SPECIMEN COLLECTION

- ❑ 24-Hour Urine Collections The Laboratory Services provides 24-hour urine collection containers with various types of preservatives depending on the test requested. It is recommended that all timed urine collections (24 hours) be kept refrigerated during the collection period and brought to the laboratory as soon as possible after completion. Please refer to our urine preservative chart for specific information.



GUIDELINES FOR URINE COLLECTION

- It is good practice to use containers that are made of break-resistant plastic, which is safer than glass.
- The container material should not leach interfering substances into the specimen.
- Specimen containers should not be reused.
- Transport tubes should be compatible with automated systems and instruments used by the lab.

☐ **Label**

☐ **volume**

☐ **Time date**

☐ **Light protection**

USING THE BEDPAN/URINALS

Patients sometimes feel embarrassed when the need arises to ask for and use a urinal or bedpan. Medical personnel should reduce the unpleasant aspects as much as possible and assist the patient to maintain proper elimination with the least exertion. The urinal or bedpan is provided promptly anytime one is requested. In addition, bed patients are usually offered one before meals and before visiting hours. After each use, the patient and medical personnel must wash their hands.

URINALS



URINAL USE

- ❑ Raise or level the bed as necessary. For example, some patients may desire to have the head of the bed raised. Others may require the knee part of the bed to be lowered or level.
- ❑ Bring the urinal to the patient inserted in a paper cover. Screen the patient and give the urinal directly to him, placing the cover on the seat of the chair.
- ❑ Assist the patient as needed; for example, adjust his pajama trousers or position the urinal. Instruct the patient to signal when finished. Be sure that he understands that he must never place the urinal on his bedside cabinet.



URINAL USE

- ❑ On signal, return promptly, bringing a basin of warm water. Remove the urinal from the bed. Assist the patient to wash his hands.
- ❑ Note the colour and amount of urine before discarding it. measure and record the amount and time voided Intake and Output Worksheet. If the appearance of the urine seems abnormal, inform the doctor or save a specimen for the doctor to observe.
- ❑ Follow the routine procedure for cleansing and storing the urinal.



HELPING PATIENT WITH BEDPAN

- ☐ Bring the patient a bedpan inserted in paper cover, rinsed in hot water, and dried. Provide privacy.
- ☐ Place the covered pan on the chair seat and prepare to assist the patient as necessary.
- ☐ Lift the bed cover; remove any supporting pillows; and lower the knee rail.
- ☐ Pull the pajama jacket above the waist, and the pants to below the knees. Tell the patient to bend his knees, press his heels against the bed, and raise hips.



HELPING PATIENT WITH BEDPAN

- ☐ place the pan under the buttocks. Ask for assistance if the patient is heavy and unable to assist in lifting.
- ☐ If the patient cannot raise his buttocks, roll him to the near side of the bed, place the pan under his buttocks, and then roll him back on the pan. Check his position on the pan.
- ☐ Elevate the head of the bed. Place toilet paper and signal cord within patient's reach, and leave patient alone unless there is a requirement for constant attention.

HELPING PATIENT WITH BEDPAN

- ❑ When the patient is through, answer his signal promptly, bring a basin of warm water. When removing the pan, support the patient in the same way as when the pan was being placed. If the patient is unable to cleanse himself, turn him on his side off the pan and cleanse him/her. If necessary, wash the anal area with soap and warm water; dry thoroughly.
- ❑ Place covered pan on chair. Readjust pajamas, bedding, and patient's position. Remove the screen.



WHAT IS A BEDSIDE COMMODE?



WHAT IS A BEDSIDE COMMUNE?

- ❑ A bedside commode is a movable toilet that does not have a flushing mechanism. It typically has a toilet seat and a bucket or container underneath. This container can be removed for cleaning after the commode is used.
- ❑ Some commodes are designed to be used at the bedside and may or may not have wheels. Other commodes are designed like wheelchairs that may be positioned over a toilet or used in a roll-in shower.



THANK YOU